

Yes Have project personnel been hired in a timely manner? If NO, please explain below.

Yes Have any of the job duties, as detailed in the Grant Award Agreement, changed? If YES, please explain below.

Yes Are there any personnel issues which may affect the project objectives and activities. If YES, please explain below.

Explain: _____

EQUIPMENT:

If the Grant Award Agreement allows for equipment purchases, has any equipment been purchased? If YES, please list on the PROPERTY RECORD provided with the Project Director's Manual. Copy as many sheets as necessary. Please detail below any problems encountered in ordering/receiving grant equipment. Did you use the FALCON'S NEST program? If not, why? If yes, did you receive satisfactory results through the program. Please elaborate. _____

GOALS & OBJECTIVES

Please indicate the status of each Goal & Objective as outlined in your Grant Application. Include the projections for each quarter versus the actual. Describe the quantity and type of drugs seized, number of clandestine laboratories discovered, and/or number of arrests. (This should be prepared on separate sheet and updated quarterly.)

Goal #1

Objective #1	Projected Total	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total To Date

Objective #2	Projected Total	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total To Date
Objective #3	Projected Total	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total To Date
Objective #4	Projected Total	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total To Date

Goal #2

Objective #1	Projected Total	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total To Date

Objective #2	Projected Total	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total To Date
Objective #3	Projected Total	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total To Date
Objective #4	Projected Total	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total To Date

CONTRACTS:

9 YES 9 NO Did this project require contractual services?

9 YES 9 NO Was the contract put out for bid?

What was the amount of the contract? _____ How many years was the contract for? _____

OPERATING EXPENSES:

9 YES 9 NO Are operating expenses being spent at the suggested rate of 25% for each quarter? If not, why? _____

9 YES 9 NO Were there unforeseen expenditures for the project? What were they? _____

NARRATIVE:

Purpose area 15A is defined as "Developing programs to improve drug control technology, such as pretrial drug testing programs, programs which provide for the identification, assessment, referral to treatment, case management and monitoring of drug-dependent offenders, and enhancement of state and local forensic laboratories." This would include Pretrial/Probation/Parole Drug Testing; Statewide Urinalysis Testing; Treatment alternatives to street crimes; Forensic Laboratory Enhancement; process-oriented programs which include technology development, focused on better management of offenders and on providing better evidence related to criminal cases.

Some areas to consider when writing the narrative for this report. . . . Is this a new program? Was urinalysis testing performed? If so, provide statistics indicating number of tests performed, number referred to treatment, number of positive/negative results, whether pretrial/probationer/parolee, etc. What is the recidivism rate? Is this an increase or decrease?

If your program is for Forensic Laboratory Enhancement, describe how the enhancement has improved your situation. Provide statistics to prove the enhancement increased productivity and how.

Newspaper clippings or press releases should be attached.

EVALUATION:

Explain success or failure of project to date. _____

If project has been unsuccessful, what measures will be taken to ensure success? _____

Signature - Project Director	Title	Date
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 Program Manager Signature

 Date